An Overview of
Maine Department of Health and Human Services
Tobacco Settlement Fund (Fund For A Healthy Maine) Allocations
SFY 07

CHALLENGES

RESULTS

January 2007

Some Highlights

59% High school smoking dropped by 59% from 1997 to 2005.

64% Middle school smoking dropped by 64% from 1997 to 2005.

#1 Maine is the first and only state to receive perfect grades in each of the American Lung Association's State of Tobacco Controls report's four categories. Maine received all "As" for its smoke-free air, tobacco-prevention spending, cigarette tax, and restriction of youth access.

28% Cigarette consumption has dropped 28% in six years.

35% More than 35% of callers to the Maine Tobacco HelpLine who receive counseling and medications report not smoking six months later.

16,780 The Dental Subsidy Program supported over 16,780 dental services in 2004.

46% The percentage of twelfth graders reporting recent sexual intercourse dropped from 55% in 2001 to 46% in 2005.

13,222 13,222 people received treatment for alcohol or drug abuse with 57% experiencing improvement in symptoms.

16% There was a 16% decrease in lifetime alcohol use for youth in grades 6-12 between 2000 and 2006. The largest decrease (26%) occurred at the 8th grade level; 36.7% of 8th graders reporting lifetime alcohol use in 2006, compared to 50.1% in 2000.

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SFY 07 Fund For A Healthy Maine Allocations*

January 2007

Program Category		FY 07 in millions
Substance Abuse OSA		$ 5.657
Tobacco Prevention/Cessation to BOH		$14.691
Community/School Grants	$7.883	
Public Education and Media	$2.478	
Tobacco HelpLine & Training of Health Professionals	$1.900	
Tobacco Treatment Medication	$0.900	
Evaluation & Other Activities	$1.261	
Staff/Administration	$0.269	
Home Visits		$ 4.716
Community Family Planning		$ 0.410
Oral Health		$ 1.011
Sliding Fee Scales	$0.650	
Startup & Expansion of Community-Based Programs	$0.250	
Case Management	$0.125	
Donated Dental Services	$0.036	
Medicaid Initiatives		$ 14.214
Low-Cost Drugs for the Elderly	$7.000	
MAP Provider Account, including other health initiatives such as SCHIP, etc.	$5.945	
Flu and Pneumonia Vaccine and Tobacco Treatment Incentives	$1.100	
Child Care/Child Development		$ 6.196
Purchased Social Services		
Head Start		
Service Center		
Human Leukocyte Antigen Program		$ 0.082
Other (Such as Attorney General, School Nurse Consultant, FAME, Judicial Department, Fire Marshal)		$ 0.823
TOTAL		$47.800

**Figures are rounded*

Maine CDC, Fund For A Healthy Maine Allocation History

Maine Department of Health and Human Services/ Maine CDC Fund For A Healthy Maine

	SFY 01 FHM Allocation (in millions)	SFY 02 FHM Allocation (in millions)	SFY 03 FHM Allocation (in millions)	SFY 04 FHM Allocation (in millions)	SFY 05 FHM Allocation (in millions)	SFY 06 FHM Allocation (in millions)	SFY 07 FHM Allocation (in millions)
Tobacco-Related Allocations							
Community/School Grants	$8.35	$7.69	$7.69	$7.69	$7.69	$7.675	$7.883
Cessation/Evaluation/ Education and Countermarketing Media	$7.95	$4.70	$6.50	$6.525	$6.225	$6.21	$6.54
Home Visits Allocation	$4.80	$4.30	$4.30	$4.30	$4.60	$4.591	$4.716
Oral Health Allocation	$0.95	$0.95	$0.95	$0.95	$0.95	$0.986	$1.011
Family Planning Allocation	$0.40	$0.40	$0.40	$0.40	$0.40	$0.39	$0.41

Notes:

In FY 07, $0.269 million is allocated to support staff in the Maine CDC for tobacco control. This brings the total Maine CDC tobacco-related allocations to $14,691,000.

Other Sources of Funds for These Programs:

Family Planning's other sources include: Federal Funds (Social Services Block Grant = SSBG $0.526 million) and State General Funds ($0.784 million, which includes Community Family Planning, Primary Prevention, and SSBG State Match). Other government funds for Family Planning include Federal Title X Funds ($1.59 million) and Medicaid patient reimbursement ($1.16 million).

Home Visits receives $0.273 million from the State Maternal Child Health Funds.

Partnership For A Tobacco-Free Maine also receives $1.094 million from Centers for Disease Control (CDC) for Statewide support of selected tobacco activities. For instance, these funds pay the salaries of eight staff members, many of the program's overhead expenses (rent, etc.), enforcement of tobacco laws, and some statewide coordination of local interventions (such as training conferences and newsletters). In addition, these funds provide support for the Tobacco-Free Athletes program and for initiatives that address populations that are disproportionately affected by tobacco use. Also, in FY 07 the Partnership For A Tobacco-Free Maine was awarded $270,000 (included in the $1,094,000 amount from CDC) to enhance the State-funded Maine Tobacco HelpLine.

Nearly 13,000 Mainers per year call the Maine Tobacco HelpLine for information and help to quit smoking.

Tobacco-Related Allocations

History of State/Federal Funding for Tobacco Prevention/Cessation in Maine

Prior to 1993, there were no State or Federal funds for tobacco prevention or cessation in Maine, despite tobacco use being our biggest underlying cause of death. In 1993, a grant of $750,000 from the National Cancer Institute (NCI) was awarded to Maine. This money came to the Bureau of Health and created the Maine ASSIST Program. Seven State positions were created—five professional and two support staff. The focus of this program was to create local support across the State for tobacco prevention and control.

In November 1997, the tobacco excise tax was raised from 37¢ to 74¢ per pack, with a resulting $3.5 million allocated to the Bureau of Health for tobacco prevention and control. These funds represented the first State funds ever appropriated for tobacco prevention and control. No new Bureau staff were added with these funds. Meanwhile, the Federal source of tobacco funds was changed from NCI to the Centers for Disease Control and Prevention (CDC). These funds were then added to the tobacco excise tax funds to create the Partnership For A Tobacco-Free Maine (PTM) with a focus on: community and school interventions to reduce tobacco consumption; media to change the culture surrounding tobacco, to reduce youth smoking, and to counter the Tobacco Industry's mass media campaigns; and enforcement of tobacco laws (using CDC funds). The structure and strategies used by the PTM follow program guidelines recommended by the CDC.

For fiscal years 1998 and 1999, the PTM relied on the tobacco excise tax funds for its State funding. It also continued to receive about $0.75 million from the CDC for support of the seven State positions as well as for some statewide coordination (including tobacco law enforcement).

Starting fiscal year 2000, the $3.5 million funding from the tobacco excise tax ended. Instead, that year PTM received $3.5 million from the tobacco settlement. Federal CDC monies continued, and for this fiscal year, the Bureau of Health also received $0.4 million from the Food and Drug Administration (FDA) for tobacco enforcement. Funding for enforcement ended in June 2000 with the Supreme Court's decision that disallowed the FDA from controlling nicotine.

For fiscal years 2001 through the present, tobacco allocations have been distributed as outlined in the following table:

	SFY 01 FHM Allocation (in millions)	SFY 02 FHM Allocation (in millions)	SFY 03 FHM Allocation (in millions)	SFY 04 FHM Allocation (in millions)	SFY 05 FHM Allocation (in millions)	SFY 06 FHM Allocation (in millions)	SFY 07 FHM Allocation (in millions)
Community/School Grants	$8.35	$7.69	$7.69	$7.69	$7.69	$7.675	$7.883
Tobacco Treatment Services and Public Education/Media Evaluation	$7.95	$4.70	$6.50	$6.525	$6.225	$6.21	$6.54

Summary of Tobacco-Related Funding

State Fiscal Year	Amounts (in millions)	Source of Funds	Total (Annualized)
SFY prior to 1993	No State or Federal Funds for Tobacco Control		- 0 -
SFY 1993-1997	$ 0.75	Federal NCI	$ 0.75
SFY 1998-1999	$ 3.50	State Excise Tax Federal CDC	$ 0.75 $ 4.25
SFY 2000	$ 3.50 $ 0.75 $ 0.40	Tobacco Settlement Federal CDC FDA	$ 4.65
SFY 2001	$16.30 $ 0.95	Tobacco Settlement Federal CDC	$17.25
SFY 2002	$12.39 $ 1.00	Tobacco Settlement Federal CDC	$13.39
SFY 2003	$14.47 $ 1.00	Tobacco Settlement Federal CDC	$15.47
SFY 2004	$14.507 $ 0.0876	Tobacco Settlement Federal CDC	$15.383
SFY 2005	$14.205 $ 1.089	Tobacco Settlement Federal CDC	$15.294
SFY 2006	$14.196 $ 1.109	Tobacco Settlement Federal CDC	$15.305
SFY 2007	$14.691 $ 1.094	Tobacco Settlement Federal CDC	$15.785

Healthy Maine Partnerships
Community/School Grants and Statewide Coordination: $7.883 million

Community/school grants to reduce tobacco addiction, poor nutrition, and physical inactivity ($6.559 million) were awarded in January 2001. These 31 grants, called the Healthy Maine Partnerships, cover 96% of the population across the State. Twenty percent of schools are covered, reaching 40% of school-aged children Statewide. Each grant includes a subcontract to fund a School Health Coordinator in at least one school district. Awardees include the local health care delivery system, such as a hospital or health center, and other appropriate organizations. Their focus is on changing policies and creating community environments that make physical activity, healthy eating, and living a tobacco-free life easier to achieve. Examples of their activities include: preventing youth smoking; working with employers to create policies that encourage and support employee activity breaks (such as a brisk walk during the day); making tobacco treatment services available and accessible throughout the community; ensuring healthy foods and beverages are available in school lunch programs; and helping restaurant owners to offer and highlight healthy and tasty menu items.

Statewide coordination ($1.324 million) includes the following contracts: tribal organizations to address the three risk factors, the Maine Center for Public Health to address obesity and other activities. Funds for State-level administration are also part of statewide coordination.

The Fund For A Healthy Maine dollars leverage $9 million in additional Federal and other funds fo public health activities in Maine. Mostly these dollars go directly to Maine communities. Additionally, all the tobacco-related allocation categories are used to match Federal Medicaid dollars to provide additional funds for services through the Office of MaineCare Services.

State matching funds for the Federal Maternal Child Health Federal Block Grant also support the twenty school-based health centers for a total of approximately $252,000 annually.

Indian Health Centers

Annualized Award Name of Awardee Town	Annualized Award Name of Awardee Town	Annualized Award Name of Awardee Town
$17,000 Passamaquoddy Tribe Indian Township	$34,000 Penobscot Indian Nation Old Town	$17,000 Passamaquoddy Tribe Pleasant Point
$17,000 Houlton Band of Maliseet Indians Houlton		

Healthy Maine Partnerships (Community/School Grants Total = $6.93 million)

Contracts began 1/01

Annualized Award Name of Awardee Town*	Annualized Award Name of Awardee Town*	Annualized Award Name of Awardee Town*
Healthy Maine Partnerships (Community/School Grants Total = $6.93 million) Contracts began 1/01	$211,600 Waldo County General Hospital Healthy Living Project MSAD #3 MSAD #56 MSAD #34 Belfast	$211,600 Central Maine Community Health Corporation Healthy Androscoggin Coalition Auburn Schools Lewiston
$211,600 MaineGeneral Medical Center Healthy Communities of the Capital Area MSAD #11 Augusta	$211,600 Blue Hill Memorial Hospital Healthy Peninsula Project Union 76 Deer Isle/Stonington CSD #13 Isle au Haut Blue Hill	$211,600 Regional Medical Center at Lubec Downeast Healthy Tomorrows Union 102 Lubec
$211,600 Mount Desert Island Hospital Healthy Acadia MSAD #76 Union 98 Bar Harbor	$211,600 Mid Coast Hospital ACCESS MSAD #75 Brunswick	$211,600 Calais Regional Hospital St. Croix Valley Healthy Communities Union 106 Calais
$211,600 University of New England Coastal Healthy Communities Coalition MSAD #71 Biddeford	$211,600 Downeast Health Services Coastal Hancock Healthy Communities Union 102 Ellsworth	$211,600 Cary Medical Center Power of Prevention MSAD #24 Union 102 Caribou
$211,600 Bridgton Community Center Healthy Options Together MSAD #72 MSAD #55 Bridgton	$211,600 Northern Maine Medical Center St. John Valley Partnership MSAD #27 Fort Kent	$211,600 Franklin Community Health Network Healthy Community Coalition MSAD #9 Farmington
$211,600 Partnership for Healthy Communities Bangor Region Partners for Health MSAD #22 Bangor		$211,600 Houlton Regional Hospital STOP MSAD #29 Houlton

*Location of Lead Agency

Community/School Grants (continued)

Annualized Award
Name of Awardee
Town*

$211,600
Penobscot Valley Hospital
SPRINT for Life
MSAD #67
Lincoln

$211,600
Millinocket Regional Hospital
Katahdin Area Partnership
Union 113
Millinocket

$211,600
Western Maine Health Care
Healthy Oxford Hills
MSAD #17
Norway

$211,600
Penobsot Bay YMCA
Knox County Community
Health Coalition
MSAD #5
Rockland

$211,600
Mayo Regional Hospital
Piscataquis Public Health Council
MSAD #68
MSAD #4
MSAD #41
MSAD #46
Union 60
Dover-Foxcroft

Annualized Award
Name of Awardee
Town*

$211,600
City of Portland, Public Health Division
Healthy Portland
Portland Schools
Portland

$211,600
Peoples Regional Opportunity Program
Communities Promoting Health
Westbrook Schools
Portland

$211,600
River Valley Healthy
Communities Coalition
Project NOW: Northern Oxford
Wellness
MSAD #44
MSAD #43
MSAD #21
Peru Schools
Rumford

$211,600
Redington-Fairview
General Hospital
Somerset Heart Health
MSAD #59
MSAD #54
Skowhegan

$211,600
York Hospital
Choose to Be Healthy
MSAD #60
Kittery Schools
York Schools
York
$211,600
Youth Promise of Lincoln County

Annualized Award
Name of Awardee
Town*

TLC For Life
Union 74
Newcastle

$211,600
Sebasticook Valley Hospital
Healthy Living
MSAD #48
Pittsfield

$211,600
Aroostook County Action Program
Partnership for a Healthy Community
MSAD #1
Presque Isle

$211,600
Goodall Hospital
Partners for Healthier Communities
MSAD #57
Sanford

$211,600
United Way of Maine
Healthy Maine Partnership
of Greater Waterville
MSAD #49
MSAD #47
Union 52
Waterville Schools
Waterville

Local Healthy Maine Partnerships work within the community and schools to reduce chronic disease by addressing three risk factors: tobacco use, physical inactivity, and poor nutrition.

Funds for School-Based Health Centers support the development of health services in 20 local schools that wish to provide this type of support for their students. Local schools determine the type and extent of services that will be provided, within the guidelines developed by the Maine CDC, which include the requirement to provide services and guidance to students on tobacco use, physical activity, and good nutrition. Some sites received additional funds for mental health, reproductive health, and/or oral health services.

School-Based Health Center Grants—Contracts began 7/06

Annualized Award
Name of Awardee
School/School District

$23,500
Regional Medical Center at Lubec
Lubec Consolidated School

$28,000
MSAD #75
Mt. Ararat High School

$133,000
Community Clinical Services
Auburn Middle School
Edward Little High School
Lewiston High School
Lewiston Middle School

$18,000
MSAD #60
Noble High School

Annualized Award
Name of Awardee
School/School District

$39,000
Western Maine Health Care
Oxford Hills Middle & Comprehensive High School

$116,500
City of Portland
Deering High School
King Middle School
Portland High School
West School

$26,000
CSD 10
Maranacook High School

$56,000
Maine Dartmouth Family Residency
Cony High School
Hodgkins Middle School

Annualized Award
Name of Awardee
School/School District

$33,500
City of Calais
Calais High School

$33,500
Health Access Network
Mattanawcook Academy

$50,000
Penobscot Comm. Health Center
Brewer High School
Brewer Middle School

$74,692
University of Southern Maine
SBHC Data Support and Evaluation

$6,391
Medical Care Development

- $.252 million of SBHC allocation is State matching funds for the Federal Maternal Child Health Block Grant. The remaining $.385 million is from the Fund For A Healthy Maine.
- The number of SBHCs in Maine have doubled since the Fund For A Healthy Maine funding began.
- In 2005–2006, almost 8,000 students were served in the 21 SBHCs report. 26% of these students had no insurance. SBHCs assisted students in obtaining insurance and/or a primary care provider. 45% of these 8,000 visits included preventive care and health education to students.
- Data collection quality has improved greatly through technical assistance provided by the University of Southern Maine, Muskie School. This provides more accurate numbers, better feedback for grantees on how well they are serving students, and increased capacity to measure outcomes.
- An important study on reimbursement in SBHCs continues with second year data collection completed in 2005-06. Analysis of the results is not yet complete, but one major insurer has agreed to continue reimbursement based on initial outcomes.
- The Maine Assembly on School-Based Health Care (MeASBHC) and five partner communities are in the second year of a $1.275 million, five-year Kellogg Foundation grant to increase their capacity for community interaction and support, develop a business plan for billing support, and increase youth involvement in SBHC governance and advocacy.

Statewide Youth Development and Leadership Initiative: $175,000

PROP, Portland
Annual allocation $175,000; contract began 11/02.

This contract supports training and technical assistance for the development and maintenance of the local Healthy Maine Partnerships' Youth Advocacy Programs and the Partnership For A Tobacco-Free Maine's Statewide Youth Advocacy Tobacco Prevention Network.

Over 500 youth from around the State receive training to work with their peers on making healthy choices related to tobacco use, physical activity, and nutrition.

Treatment/Public Education and Media and Statewide Education: $5.278 million

This allocation funds the Maine Tobacco HelpLine, training for health care professionals in delivering treatment for tobacco dependence, medication voucher program, countermarketing media and Statewide educational materials, and technical assistance and training to the 31 Healthy Maine Partnerships. Specific uses of this allocation are interdependent. For instance, the Statewide media and education efforts motivate and direct Maine people to the HelpLine and the counseling and pharmaceuticals available through it.

Public Education and Media: $2,478,000
CD&M Communications, Portland. First contract awarded 1998. Re-bid and awarded 2002-2006.
These funds support a variety of educational interventions and social marketing efforts including:

- educational materials for distribution to schools, health care providers, and members of the public on quitting tobacco and discouraging initiation of tobacco use
- research-driven and -tested messages to counter Tobacco Industry advertising and influence
- educational materials creating awareness that secondhand smoke is deadly
- materials that assist population groups who are disproportionately affected by tobacco use
- messages and materials to raise awareness about the availability and effectiveness of the HelpLine
- messages about the dangers of tobacco use
- youth-directed countermarketing messages to prevent tobacco use initiation
- materials and training to support the community and school efforts.

Tobacco Treatment Contractor: $1,900,000
Center for Tobacco Independence, MaineHealth®, Portland. First contract awarded 1/01. Re-bid and awarded 2004.
Provides the statewide toll-free telephone counseling for tobacco users — the Maine Tobacco HelpLine, outreach and support for pregnant women who smoke, management of the medication voucher program, and training of health care providers and tobacco treatment specialists.

Tobacco Treatment Pharmaceuticals: $900,000
Goold Health Systems, Augusta. First contract awarded 12/01. Re-bid and awarded in 2005.
Provides free tobacco treatment medication vouchers to those who have no insurance benefit for tobacco treatment medications and who are ready to quit. Nicotine replacement medications provided include patch, gum, and lozenges.

Evaluation: $1,260,710

This allocation supports independent evaluation of the tobacco-related program components. Evaluation results are used to adjust program strategies and interventions to assure programs are highly effective.

Evaluation Contractor: $440,000

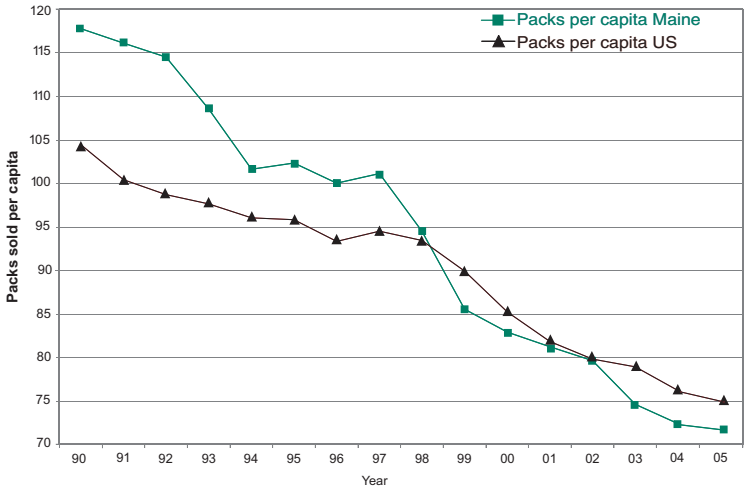
Maine Center for Public Health

The fiscal agent for the team is the Maine Center for Public Health, focusing on the evaluation of the Partnership For A Tobacco-Free Maine (PTM) and the Physical Activity and Nutrition Program (PANP). Hart Consulting, based in Gardiner, provides overall project management for the evaluation and focuses on the evaluation of the Maine Cardiovascular Health Program (MCVHP) and the Healthy Maine Partnerships (HMP). Market Decisions of Portland provides survey and data analysis expertise. Harvard School of Public Health conducts analysis and reviews of program work based on public health best practices and the Maine Health Information Center provides data analysis on health insurance claims datasets. The evaluation uses a goal-based approach, establishing performance indicators and milestones of success for each program initiative. The evaluation tracks changes in knowledge, attitudes, and practices among Maine's adult and youth populations as a result of program initiatives. In addition, the evaluation also monitors changes in State and local policies and environments that support improved health. Following practices approved by the US CDC, the Maine-based evaluation team is able to compare evaluation findings to other states with similar programs.

Evaluation, Clinical Outreach and Other Related Activities: $820,710

This portion of the budget funds demonstration projects and studies to evaluate the development of new tobacco prevention and control initiatives including new pilot projects that enhance the local HMPs capacity to partner in the delivery of clinical outreach to office practices. It also funds mini-grants to the local HMPs to address tobacco use among priority populations. It supports the Maine CDC Chronic Disease Epidemiologist and provides support for surveillance including data collection and analysis of the Maine Adult Tobacco Survey (ATS) and the Behavioral Risk Factor Surveillance System (BRFSS). This portion of the budget also funds the administrative costs: $174,198 covers departmental indirect costs related to the administration of the entire $14.691 million of tobacco-related Fund For A Healthy Maine allocations.

Cigarette Consumption—Packs Sold per Capita
Maine & US 1990—2005



Source: The Burden on Tobacco, Orzechowski and Walker

Examples of Activities and Successful Outcomes—Tobacco-Related Allocations

The Partnership For A Tobacco-Free Maine(PTM) has implemented one of the most effective long-term prevention and policy efforts in the country. The American Lung Association recently recognized Maine's success by naming it the first and only state to receive a perfect score in each of the four categories outlined in the American Lung Associations *State of*

Tobacco Control report. Maine received all "As" for its smoke-free air, tobacco-prevention spending, cigarette tax, and restriction of youth access.

Yet while Maine has experienced steep declines in youth smoking and has made significant progress in eliminating exposure to secondhand smoke, the effort to make Maine tobacco-free is becoming increasingly difficult to achieve. According to the Campaign for Tobacco-Free Kids, the Tobacco Industry is spending more than $74 million in marketing to Mainers each year, including efforts to target children and young adults. The next generation of smokers is being cultivated among high school students, especially those who do not attend college, or "straight-to-work" 18- to 24-year-olds. In 2005, smoking rates among young adults in Maine continued to remain high — more than one in three of them smoke.

While the challenges remain and the need to counter the efforts of Big Tobacco remain critical, great progress was made in the following goal areas over the last two years.

Prevention: Youth and Young Adults

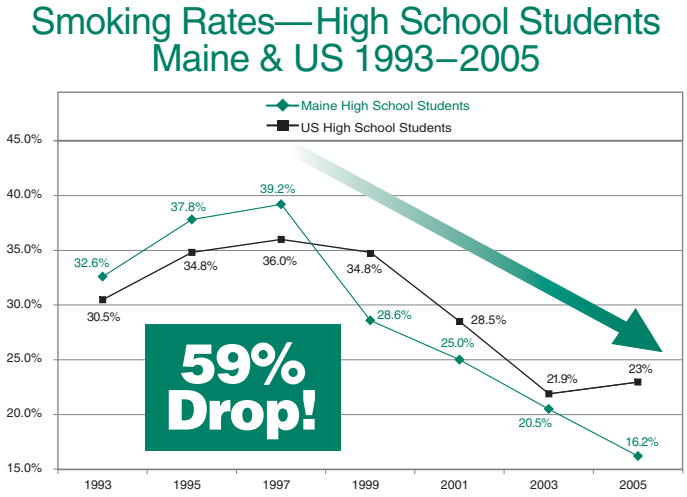
High school smoking rates dropped from 39% in 1997 to 16% in 2005. Middle school smoking rates declined from 21% in 2001 to 7.5% in 2005.

94% of teens now say that they are aware of anti-smoking messages and 91% find them convincing. They also demonstrated an understanding that Big Tobacco tries to entice teens to smoke.

The number of teens who say smoking would limit their aspirations and self-image rose from 82% to 89%.

Teens who encountered PTM's social marketing messages, such as the television campaign "Don't Get Me Started," were more likely to believe that smoking isn't cool and makes people less attractive.

Fifty-four schools throughout Maine ordered materials for the "92%" campaign, representing an impact on 17,774 students throughout Maine. Designed to help youth understand that 92% of Maine teens think smoking is not cool, the social norms campaign included training materials, signage, pledge cards, and a video component.



Source: Maine Department of Education, Youth Risk Behavior Survey: 1993, 1995, 1997, 2001, 2003, 2005
Note: 1999 data is from the Maine Youth Tobacco Survey and was collected in the fall of 1999

Fifty-eight communities have passed policies to make their community recreation fields tobacco-free. More than 74 schools throughout Maine, 53 of which are HMP funded, have adopted a PTM-approved school policy to prohibit tobacco use on campus and at any school functions attended by students, parents, or staff.

The Youth Advocacy Program (YAP) continues to be a cornerstone of PTM's youth interventions and social marketing campaigns. PTM staff, HMP communities, and YAP coordinators from all over the State convened in August and focused on sharing ideas and training to continue their roles as leaders to youth in their communities. Through the event, YAP coordinators gleaned ideas to increase awareness,

empathy, and understanding from the communities they serve. They also discussed new ways of inspiring youth to be empowered to take action. Other themes included advocacy, multicultural understanding, and social change.

PTM sponsored the second annual Youth Anti-Tobacco Summit in February 2006, which united 100 youth in grades 8-12 from all over Maine to rally against Big Tobacco, educate each other, and discuss ways to prevent youth from smoking. Youth learned through workshops how to: influence the media by developing their own promotional messages; advocate in the community and their school; and take action to fight Big Tobacco. They also learned about resources to quit, and most importantly, how to work together on anti-tobacco initiatives.

Training at last year's Peer Leadership Conference was offered to both youth and adult participants and focused on leadership skills development, activism and advocacy, adolescent health and development topics that included physical activity, nutrition, and tobacco. Held in October 2005, 313 youths and 59 adults from 43 YAP groups attended.

A middle school teaching tool for creating awareness about the dangers of tobacco use was developed and piloted in six locations during 2006. Called "Billionaire Vanishes," the program is designed to help kids discover the truth about smoking and tobacco addiction as they become engaged in a class mystery game.

The LifeSkills Training Program is a school curriculum that is designed to prevent substance abuse, including tobacco, among middle school students. A national expert led four teacher refresher workshops across the State to reinforce skills and update educators on the components of the program.

PTM interviewed young adults, ages 18 to 24 who are confirmed smokers, to learn what might motivate them to quit. Results for "straight-to-work" young adults shows a bleak outlook for this group who struggle with day-to-day problems and do not readily consider their future health. The focus testing information from this group of smokers was used to create television messaging that graphically illustrated a death from lung cancer.

Tobacco Retailer Licensing

"No BUTS!," Maine's retailer program to address underage tobacco sales, continued to increase participation in the last two years. This concept for compliance training encourages retailers to protect the State's kids from tobacco. No BUTS! continues to have widespread recognition.

Over 40 local grantees attended NO BUTS! trainings to learn about the tobacco retailer education program and how it helps address underage tobacco use in Maine. Local grantees are encouraged to enlist their local retailers to participate in the No BUTS! program. Eleven new retailers were introduced to the program in 2005.

To meet the requirements included in the Maine legislature's resolve entitled, "Responsible Management of Point-of-Sale Marketing Materials for Tobacco Products," PTM has begun development of an educational and incentive program for retailers, to promote responsible management of point-of-sale marketing materials for tobacco products to minors. PTM developed recommendations as a response to the legislative resolve by organizing a workgroup of convenience store owners and public health advocates. The responsible retailing program will be called "Star Store," and acknowledges retailers who stand out in their efforts to curb tobacco use among youth. YAP will be heavily involved in the implementation and execution of the program, so that youth, retailers, and their communities can all learn more about the negative impact of tobacco advertising on kids and take action. The program will be piloted in several communities in 2007 and will be promoted as an integrated component of the No BUTS! program.

The compliance rate for not selling tobacco to minors in stores in 2005 was 93% with 1,632 inspections completed. The rate was 94% in 2004, giving Maine a 90% or better compliance rate for eight years.

Treating Tobacco Use and Dependence

The PTM treatment program, administered by the Center for Tobacco Independence (CTI), a Maine Health Program, focuses on providing access to counseling and medication for those who want to stop smoking, as well as providing training for Maine's health professionals. Local HMP grantees also work in concert with social service, health care, educational, and municipal staff to help their clients, employees, students, and patients quit.

Smokers — and the friends and families of smokers — from throughout Maine call on the HelpLine to help them quit smoking.

- 75% of current smokers say that they want to quit.
- 59% of adults have tried to quit in the past year.
- 72% of smokers have reported being advised to quit by a physician in the past 12 months.

Since 2001, 34,330 tobacco users have received help from the Maine Tobacco HelpLine (from August 2001 to June 2006). More than 35% of callers who receive counseling report not smoking six months after receiving HelpLine counseling plus free nicotine replacement therapy. Those receiving only counseling had less success at long-term quitting and only 22% of them report not smoking six months later.

More than 1,500 Maine health and social service professionals have participated in either one- or two-day treatment educational conferences. The one-day seminars, called "Basic Skills Training," teach the attendees to incorporate tobacco treatment messages into their practices. Participants learned how to conduct brief tobacco treatment in any setting. The training is a prerequisite to the more intensive two-day program, which is designed to prepare attendees to become certified tobacco treatment specialists.

PTM through its contractor, CTI, has provided over 590 physician offices and clinics on-site tailored training around tobacco treatment and the resources available for tobacco users in Maine. Through the trainings, the professionals learn how to systematically address tobacco use among their patients in a way that fits precisely with the nature of their practices.

PTM partnered with the Maine Primary Care Association to implement the Medication Voucher Program in 39 community health centers, improving both convenience and awareness among the local community populations.

Secondhand Smoke

We continue to strengthen Maine's strong worksite law, first passed in 1985. Effective September 17, 2005:

- All of Maine's indoor public places are now smoke-free, including restaurants, bars, beano halls, and all workplaces, including job-related vehicles.
- All daycare facilities, including those that are home-based, smoking is also prohibited outdoors where children may be present, and in vehicles when children are present.
- Outdoor non-enclosed areas where smoking is allowed must now have at least four feet of space open to the outdoors at the top or bottom of at least one wall.

Radio messaging and posters were distributed to HMPs to assist in spreading the word about the update in the Maine Workplace Law. PTM developed two new brochures that describe the workplace law and related changes. A new law summary sheet on secondhand smoke was published and distributed.

Six housing authorities in Maine (Auburn, Lewiston, Sanford, Bar Harbor, Southwest Harbor, and Old Town) have adopted policies that have made all of their units smoke-free. While they grandfathered in current tenants, these policies are still groundbreaking and make Maine, as of June 30, 2006, the state with the most smoke-free public housing policies.

In 2005, a new coalition, Smoke-Free Housing for ME, was established to provide resources and technical assistance to help landlords of multi-unit buildings understand their rights and responsibilities around the issue of secondhand smoke. With PTM support, the Smoke-Free Housing coalition launched a new website that provides both landlords and tenants with information about smoking in rental buildings. The website also provides a landlord guidebook that shows the benefits and means to have a smoke-free rental building. The two one-day conferences held in Bangor and Portland in May 2006 attracted over 100 landlords who came to learn about the benefits, the legality, and the process for adopting smoke-free policies.

The Maine Tobacco-Free College Network (MTFCN) is making steady progress in limiting tobacco use and providing free cessation services on Maine's college campuses. As noted earlier, 18- to 24-year-olds have the highest percentage of smokers in Maine and college students make up a significant proportion of those numbers as well. While college students do tend to smoke less than their straight-to-work counterparts, they still face an onslaught of peer pressure to "experiment" and the stress of school life. Many young adults have a sense of invincibility in their early twenties and don't make the connection between the little symptoms, such as coughing, and long-term health effects. They also believe they can give it up easily when they enter the professional world after graduation. The MTFCN is working to counter those false perceptions and raise awareness about the addictiveness of tobacco use.

The Maine Tobacco-Free Hospital Network is a new effort to encourage the voluntary adoption of tobacco-free polices and practices, including outdoors, on Maine's hospital campuses.

Reaching Out to Populations Disproportionately Affected by Tobacco

According to the 2004 Maine Adult Tobacco Survey, 21% of adults smoke. Of that percentage of adults that smoke, 38% have less than a high school education, compared to 9% of those with a college education. Smoking initiation is much more likely in low-income households (29% of Maine adults earning less than $25,000 smoke) and those where kids perform poorly in school. Smoking is clearly associated with social disadvantage as defined by educational attainment, income and occupational class. Tobacco uptake in Maine occurs as early as age eight, and youth whose parents or siblings are smokers are twice as likely to try it themselves. Pregnant women of low socioeconomic status are vulnerable to tobacco use during pregnancy or the postnatal period of their child's life due, in part, to exposure by spouses, mates, family, and friends who continue to smoke. Other disparate populations, such as lesbian, gay, bisexual, transgender, Native Americans and other subpopulations, are unfairly and aggressively targeted by the Tobacco Industry. Some are reluctant or unable to receive appropriate health care and most are not reachable through social marketing campaigns delivered via mainstream media.

While many challenges remain in reaching disparate populations, PTM has made progress, even in the face of mounting marketing dollars from Big Tobacco to capture new generations of smokers.

Mini-grants to local communities have proven to be very helpful in identifying key populations, securing additional data, designing and piloting effective interventions and determining issues or segments in need

of more focused attention from PTM on a Statewide level. Another important outcome of the mini-grants is the discovery of the sometimes subtle and previously unknown nuances that vary from community to community as to what type of messaging and communication methods are most effective.

Mini-grants were awarded to seven HMPs to reduce and eliminate tobacco-related health disparities. Five of these awards focused on low-income women and family systems, while two focused on how best to appeal to and meet the needs of mental health consumers who use tobacco. Nine mini-grants were awarded to local grantees to address women-related tobacco issues. The outcomes of all the mini-grants are currently under evaluation, but anecdotal feedback has already provided valuable insight.

Based on the need for more precise data on race and ethnicity, PTM became involved in the hospital data project, which trained all of Maine's hospital intake staff to ask patients questions in a sensitive and culturally acceptable manner.

In late 2005, PTM sponsored the Forum on Women and Smoking, which was attended by more than 100 people from various organizations across the state. PTM encourages all organizations that work with women to do brief interventions on tobacco use and provide appropriate support for women who are trying to quit smoking.

PTM funded the Portland Public Health project that developed culturally sensitive anti-tobacco programming for use with specific minority groups. Community members produced three videos under the direction of Portland's minority health coordinator, to positively impact each culture's social norms, health effects awareness levels, and attitudes regarding smoking. By targeting youth and young adults among the Somalian, Sudanese, and Serbian-Croatian populations, the videos specifically address the unique challenges and perceptions of each segment in an effort to prevent the next generation from smoking.

In January 2006, PTM presented two conferences on Tobacco Related Disparities in Northern and Southern locations in Maine. The conference highlighted the results of recent mini-grants, explained the recent hospital data project developed with the Office of Minority Health, and showcased the films produced by Portland Public Health to prevent smoking among their immigrant youth population.

Medicaid is providing patient data to the PTM to help target clinical outreach services to practices with the highest proportion of pregnant women on Medicaid.

PTM partners with MaineCare Services (OMS) and Maine State Employees Health Association to focus on collaborative efforts to reduce smoking on MaineCare recipients and Maine State Employees, by sending smoking cessation materials mailings, provider newsletters, and sending materials to MaineCare providers to assist their patients with cessation.

Native Americans

PTM collaborates with the Maine Cardiovascular Health Program (MCVHP) to fund the five Native American tribes to develop and implement culturally sensitive tobacco interventions that focus on reducing tobacco use and exposure to secondhand smoke as well as implement other MCVHP initiatives. The tribes are working on the following:

- Smoke-free campuses, tribal buildings, and tribal vehicles
- Prohibiting smoking at social functions to change the community norm around tobacco use
- Providing tobacco medications and counseling at the health centers
- Promoting the Maine Tobacco HelpLine to tribal members
- Implementing school-based prevention programs
- Four Native American tribes have received funding from the PTM and MCVHP to implement culturally sensitive tobacco interventions

Collaboration

PTM presented key concepts and resources in Tobacco 201 trainings for the HMPs local grant staff in locations throughout the state. These local trainings are an opportunity to learn about the programs and initiatives being promoted by PTM and how the local communities can integrate tobacco prevention and treatment with other chronic disease and health-related efforts. The resources and information presented are directly linked to the year-six tobacco use prevention and control required objectives for the local HMPs.

PTM is collaborating with Behavioral Risk Factor Surveillance System (BRFSS) to conduct the Adult Tobacco survey. The surveys will be combined, benefiting many of the programs that utilize BRFSS data. In February 2006, the Maine Youth Drug and Alcohol Use Survey and the Youth Tobacco Survey (MYDAUS/YTS) was administered in collaboration with the Office of Substance Abuse.

New evaluation contractors worked with the Harvard School of Public Health in doing an assessment of Tobacco Control Progress in Maine, and presented the results to stakeholders in April 2006. The reports and publications will be used in PTM strategic planning.

PTM collaborated with other programs of the State-level Healthy Maine Partnerships and OSA to modify KIT Solutions, an on-line, performance-based tool for tracking progress on their objectives, for use by local HMPs.

Home Visits Allocation

Background

Home Visitation Programs have been shown to improve the overall health of children and their families, as well as prevent and reduce child abuse. (CDC, September, 2003)

Government Funding History

The first State funds for Home Visitation Programs were appropriated for SFY 1997 ($0.27 million) from the General Fund. This was increased to $0.56 million in 1998. Six pilot sites in Maine were funded from these funds.

From SFY 02 through SFY 04, $4.3 million in tobacco settlement funds were allocated for Home Visits on an ongoing basis. In FY 05, this amount was increased to $4.6 million. In FY 04, monies from the Adolescent Pregnancy and Parenting Program were blended with existing home visitation funds, resulting in a total of $754,694 from the Medicaid Provider Account. In FY 05, funds from the Medicaid Provider Account were decreased to $454,694.

State Fiscal Year	Amounts (millions)	Source of Funds	Total Annualized
SFY 97	$0.27	General Fund	$0.27 million
SFY 98–2000	$0.56	General Fund	$0.56 million
SFY 01	$0.56	General Fund	
	$4.80	Tobacco Settlement	$5.36 million
SFY 02	$0.56	General Fund	
	$4.30	Tobacco Settlement	$4.86 million
SFY 03	$0.26	General Fund	
	$3.30	Tobacco Settlement	
	$1.00	TANF	
	$0.26	Medicaid Provider Account	$4.82 million
SFY 04	$4.30	Tobacco Settlement	
	$0.75	Medicaid Provider Account	$5.05 million
SFY 05	$4.60	Tobacco Settlement	
	$0.45	Medicaid Provider Account	$5.05 million
SFY 06	$4.52	Tobacco Settlement	
	$0.45	Medicaid Provider Account	$4.97 million
SFY 07	$4.72	Tobacco Settlement	
	$0.27	State Maternal Child Health Funds	$4.99 million

(Note: In FY 03, $1 million in TANF funds replaced $1 million in tobacco settlement funds on a one-time basis.)

Local organizations such as hospitals, Community Action Program (CAP) agencies, and other nonprofit agencies donate a significant portion of in-kind local services in order to receive State funding. Other sources of funds include some reimbursements from private or Medicaid insurance for first-time assessment visits and Medicaid Targeted Case Management for ongoing case management.

In fiscal year 2006, the funds for home visitation were level funded and continued as noncompeting grants. The Maine CDC contracts with 14 agencies to provide parent education and support services for first-time families. The current contracts are for a 24-month period (July 1, 2006 to June 30, 2008). For simplicity, the figures listed below are for a 12-month period.

Home Visitation (Total = $4.52 million)

Annualized Award	Program Name	Lead Agency
$306,963	Aroostook Healthy Families	Aroostook Council For Healthy Families
$384,290	Healthy Families Androscoggin	Advocates for Children
$356,557	Parents As Teachers	Community Concepts
$419,154	Alliance for Healthy Families	H.D. Goodall Hospital
$660,881	Kennebec Healthy Families	KVCAP+
$468,436	Parents Are Teachers, Too	Penquis CAP+
$215,405	Family First: Parents Are Teachers, Too	Down East Community Hospital
$745,781	Healthy Families Partnership	Youth Alternatives, Inc.
$139,536	Waldo County Parents Are Teachers, Too	University of Maine Cooperative Extension
$163,066	Knox County Parent Education & Family Services	Mid-Coast Children's Services
$237,500	Hancock County Parents Are Teachers, Too	Downeast Health Services, Inc.
$192,440	Healthy Families	Family Focus
$ 92,742	Healthy Kids! A Family Resource Network	Lincoln County Child Abuse and Neglect Council
$152,521	Growing Healthy Families	Franklin Memorial Hospital

A multi-year contract for the annual evaluation of the Home Visitation Program for $350,000 was awarded to Hornby Zeller Associates in July, 2002, through a competitive bid process.

+ Services provided in two counties

Curricula and Best Practices

There are several national curricula for home visiting that have been well-evaluated. Of these, Maine programs commonly use the Healthy Families and Parents As Teachers curricula, incorporating components from Maine's Parents Are Teachers, Too program in nearly all practices.

Primary Objectives and Goals

The home visiting programs have two primary goals for their work:

- Optimal health, development and wellbeing for mothers, fathers, families, pregnant women, infants and children
- All Maine youth are healthy, safe, and respected.

The programs will accomplish these goals with objectives that seek to:

- enhance family functioning by building trusting relationships, teaching problem-solving skills, and improving the family's support systems;
- regularly identify with families their strengths and needs and refer as needed;
- promote positive parent-child interaction; and
- promote healthy childhood growth and development.

Evaluation and Quality Assurance

Evaluation of the expansion of Home Visitation Programs was awarded to Hornby Zeller Associates, Inc. in July of 2002. Among the findings of the second year of evaluation are:

Sampling of Home Visitation Participant Demographics

- Mother is the primary caregiver 98% of the time.
- 49% of the parents served were under 24 years old.
- 36% are single parents.
- 33% earn less than $10,000 annually, compared with a State rate of 10%.
- 23% do not have a high school education.
- 39% have a high school diploma or GED.
- 13% of enrolled children were identified with developmental delays.

Sampling of Home Visitation Process

- 36% enrolled in the program prenatally.
- 18,611 home visits were completed by programs during fiscal year 2006; a 6% increase in services from 2005.
- 5,554 families were served (2,309 with home visits).
- Parents receiving a greater frequency of visits per month (3–4 visits) were more likely to report an improvement in parenting ability than those receiving fewer visits.
- 92% of community collaborators believe their agencies are greatly strengthened by partnerships with home visiting.
- Nearly 99% of community collaborators feel that the programs effectively help families.

The local programs also provide information on other community resources that assist families. The community resources most frequently reported by families as useful were child care, WIC, housing, and assistance with finding a counselor and primary care provider (PCP).

Examples of Successful Home Visitation Outcomes

Health-related outcomes:

- 99.6% of enrolled children had a primary care provider.
- 99% of enrolled children were up-to-date on their well-child checkups.
- 97% of enrolled children were up-to-date on immunizations at age two (compared to the median coverage of 78% in Maine for two-year-old children).
- 97% of enrolled children had health insurance (more than half through MaineCare).
- Enrolled families had higher rates of breastfeeding at one year than Maine and national percentages.
- Enrolled families demonstrated significant improvements in overall home safety from enrollment to the most recent home visit.
- 30% of families noted at enrollment that secondhand smoke was a concern for their children's health: of these, 84% have changed their behaviors to reduce or eliminate their children's exposure to secondhand smoke.
- 89% of parents report their knowledge about caring for their baby/child increased moderately to greatly because of their home visit participation.

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Oral Health Allocation

Background on Oral Health Programs

Since first becoming available, tobacco settlement funds have continued to represent the great majority of State funds available for dental clinics serving the underserved besides MaineCare reimbursement. These private, nonprofit, community-based clinic programs are largely dependent on revenue from patient fees, which are collected based on sliding fee scales that most often do not cover the actual cost of providing care. The tobacco settlement funds also represent the major source of State-funded assistance to community agencies for the development and expansion of capacity to provide preventive and restorative oral health services. Only a relatively small amount of State matching funds for the Maternal and Child Health Block Grant, and some Preventive Health Block Grant funds, are used for these purposes ($154,400 in SFY 05 and 06, but considerably less expected in FY 07, due to federal budget decisions and internal DHHS/MCDC allocations).

There is some federal but limited funding for dental student loan repayment for dentists practicing in federally designated shortage areas who serve primarily those patients with low incomes. Maine also funds student loan repayment programs, one a combination of State and Federal dollars and the other supported by State dollars. Together, these programs support only a very few dentists in the State, although the number is expected to increase over the next several years.

Through SFY 06, $950,000 has been allocated annually as described immediately below from the Fund For A Healthy Maine to the Maine Center for Disease Control & Prevention for oral health, for the Dental Services Development and Subsidy Programs.

The $650,000 line item partially reimburses qualified community-based dental clinic programs for patients they treat who have no insurance for dental care and are low-income (below 200% of the Federal Poverty Level). Contracts for this part of the “Dental Services Development and Subsidy Program” are awarded based on agency eligibility and patient volume. Eligible agencies may choose to participate or not.

The $250,000 line item supports the development and expansion of community-based oral health programs, enhancing their capacity to provide oral health services for low-income and MaineCare-eligible individuals. The $50,000 line item is for the development of oral health case management and community oral health education programs serving the same population. Contracts in the latter two categories have been awarded through a competitive grant process. Agencies that have received contracts through this program serve all counties in the State. A list of current grantees follows below. Of the total allocation, approximately 98% has been encumbered annually; remaining funds are used for administrative expenses for the Oral Health Program.

Non-MCDC Oral Health Programs Supported by the Fund For A Healthy Maine

The Maine Dental Education Loan and Repayment Program: $240,000

This program is funded by the Fund For A Healthy Maine and administered by the Finance Authority of Maine. In the year that ended June 30, 2006, there were nine dental students receiving loans that have forgiveness provisions if they return to Maine and practice primary dental care in an underserved area. There were three loan repayment program participants; one dentist working in a private practice in Presque Isle, another at the State-run Riverview Psychiatric Center in Augusta, and the third at a federally qualified health center. The first dentist to return to Maine after receiving assistance to attend dental school works part-time at a community-based nonprofit dental clinic. A second new graduate is enrolled in a pediatric dentistry residency program and is due to return to Maine next year. The program's 12 slots are all presently filled; new applicants will be reviewed and funded as students graduate and those with repayment requirements discharge those obligations.

Donated Dental Services Program: $36,180 FY 2006 and $36,320 FY 2007

This program, administered by the National Foundation for Dentistry for the Handicapped, based in Denver, CO, provides essential dental care to disabled, elderly, and medically compromised individuals who cannot otherwise afford it, and who have no public or private insurance for dental services. Participating dentists provide their services free of charge to eligible persons who are screened and referred by a coordinator. The Fund For A Healthy Maine supports this coordinator, laboratory expenses (for dental prosthetics such as bridges and dentures) when volunteer laboratories cannot be found, and certain ancillary expenses. In FY 06, 91 individuals were referred to dentists, and 66 received care. The value of the care they received was $152,732, and the ratio of donated treatment per dollar of operating costs was $5.85 to $1. Nearly 20% of Maine's dentists are enrolled as volunteers in this program, which has provided $948,172 worth of dental services to 489 people since it started in Maine in 1999.

Oral Health (Total = $0.95 million)

Community-Based Oral Health Programs — The Dental Services Development Program ($300,000)

At the end of its second full year (the year ending June 2003), funding through this component of the program provided 18 grants to 16 agencies throughout the State; with funding from two fiscal years available, there was a total of $811,205 made available to community agencies. A Request for Proposals issued in August 2003 resulted in ten grant awards (eight for development and/or expansion of program capacity and two for case management and community education). Funding started in January 2004, with $290,000 per year encumbered for these awards (as noted above, remaining funds are used for administrative purposes by the Oral Health Program). The contract period was to end June 30, 2006; and the amounts noted below are for the full 30-month award. A new RFP, to be issued in the winter of 2006 for similar funding opportunities to start effective July 2006, was postponed for one year. The agencies noted with an asterisk (*) have received an additional year of funding (equal to one-third the amount noted) to continue their planned initiatives; unobligated funds will be used during SFY 07 to augment these projects and/or to provide support for related, time-limited initiatives within the scope of the enabling statute. The other three grants were not continued because in two cases, the agencies had completed their workplans and achieved their objectives; the third experienced staffing issues and scaled back its program.

Community-Based Oral Health Programs — The Dental Services Development Program ($300,000)

$75,000
*City of Portland, Public Health Division/Health Promotion Program (school-based oral health case management)
Portland, Cumberland County
1/1/04 – 6/30/06 Case Management

$90,000
Catholic Charities Maine/Jessie Albert Dental Center
Bath, Sagadahoc County
1/1/04 – 6/30/06 Development and Expansion

$90,000
*Eastport Health Care
Eastport, Washington County
1/1/04 – 6/30/06 Development and Expansion

$90,000 (reduced to $60,000 and two years due to clinic staffing issues)
HealthReach Community Health Centers/Bingham Area Dental Program (clinic development)
Bingham, Franklin County
1/1/04 – 6/30/06 Development and Expansion

$75,000
*Islands Community Medical Services/Dental Services Program
Vinalhaven & Matinicus
1/1/04 – 6/30/06 Case Management

$90,000
*Mid-Coast Health Net dba Knox County Health Clinic/Dental Program
Rockland, Knox County
1/1/04 – 6/30/06 Development and Expansion

$90,000
Penobscot Community Health Center (Dental Center)
Bangor, Penobscot County
1/1/04 – 6/30/06 Development and Expansion

$90,000
*Sebasticook Valley Hospital/ Sebasticook Valley Dental Health Program
Pittsfield, Detroit, Burnham – Somerset County
1/1/04 – 6/30/06 Development and Expansion

$90,000
*Waldo County Action Partners/Waldo County Dental Project
Belfast, Waldo County
1/1/04 – 6/30/06 Development and Expansion

$90,000
*Child & Youth Board of Washington County/Child & Youth Dental Program
Machias, Washington County
1/1/04 – 6/30/06 Development and Expansion

Dental Services Subsidy Program ($650,000)

Initial contract amounts in this program are based on estimated patient volume and prior year experience; additional amounts are encumbered proportionately after six months of data is available, based on actual program utilization. The following list indicates participating agencies and the total amounts that were encumbered in their FY 06 contracts. Further information about the impact of this program is provided in the following section.

Agency	Location	FY 06 (total)
Bucksport Regional Health Center	Bucksport	$ 19,000
Catholic Charities Maine	Jessie Albert Dental Center, Bath	$ 13,500
Community Dental (formerly Center for Community Dental Health)	Centers in Portland, Saco, Sanford, Farmington, and Auburn	$172,600
Downeast Health Services	Ellsworth	$ 22,000
Eastport Health Care	Eastport	$ 21,000
**Health Access Network	Lincoln and Medway	$ 40,900
HealthReach Community Health HealthCenters	Strong and Bingham Area Centers	$ 40,500
**Katahdin Valley Health Center	Millinocket	$ 20,500
Kennebec Valley Dental Coalition d/b/a Community Dental Center	Waterville	$102,000
Penobscot Community Health Center	Bangor	$112,000
Maine Oral Health Solutions, Inc.	Augusta and Belfast	$ 23,000
Regional Medical Center at Lubec	Lubec	$ 43,000
**York County Community Action – Spruce Street Community Health Center	Sanford	$ 20,000
Total Encumbered		**$650,000**

*** New in FY 06*

Note: Harrington Family Health Center formerly participated in this program but has opted out for the past two years.

Examples of Successful Outcomes for Oral Health Allocation

Community-Based Oral Health Programs: In previous years, support for development and expansion of dental services and for dental case management and community education has benefited all 16 counties of the State. The most recent grants were awarded to ten agencies for continued development and expansion of their programs. Many of the grantee agencies have successfully used their Dental Services Program grants to leverage additional funds from other sources. An estimated 250,000 people or more Statewide (nearly 20 percent of the State's population) are expected to benefit from the expanded capacity of the various dental clinics and expansion of prevention and education services at other community agencies. Examples of the impact of the Dental Services Development Program over the past five years for contracting agencies and their communities include:

- Between the fall of 2002 and the spring of 2003, three new dental clinics began operation (in Bangor, Strong, and Ellsworth) with help from development and expansion grants. This represented a 25% increase in the number of clinics Statewide in less than three years. Recent grants were made to support the development of a clinical dental program at the Bingham Area Health Center

(suspended due to staffing issues), expansion of community oral health education and clinical services capacity in Eastport, and expansions to increase clinical capacity at the Jessie Albert Clinic in Bath and at the Penobscot Community Health Center in Bangor.

- The Aroostook County Action Program added a dental hygienist to its staff to provide preventive dental services through the WIC program to preschool age children without a regular source of dental care with its grant (October 2002 – September 2003). Based on one year's support and success, the agency decided to retain and further expand this program, which it supports through MaineCare revenue and other sources.
- The City of Portland's Public Health Division used previous grants to reorganize and coordinate its various oral health functions. The department streamlined its structure for oral health services and positioned itself favorably to successfully apply for substantial Federal funding to further support oral health services for the city's indigent and homeless populations. Current support assists in oral health case management for children in city schools and coordination of efforts between and among Portland health and social service agencies to expand dental services for underserved population groups. This past year an appeal to area dentists to provide care for more uninsured and MaineCare member children was well received.
- Community Concepts, a community action agency in Oxford County, developed systems for accessing preventive services for Head Start children, as well as ways to obtain needed restorative care with a 15-month grant that ended in June of 2003. To help institutionalize their efforts, they produced a Head Start Dental Services Policy/Procedures Manual.
- Volunteer-based programs in Waldo and Knox Counties developed strong networks for dental referrals, successfully growing and maintaining these networks to provide acutely needed dental care for people who otherwise could not obtain services. On Vinalhaven Island, with a community outreach focus, children without a regular source of care were offered preventive services, and a volunteer driver program was significant in assuring that elderly island residents could obtain dental care. Current awards have allowed the Knox County Dental Clinic to hire a part-time dental hygienist and reduce waiting time for restorative services; coordinated and expanded the volunteer-based clinical and school-based prevention programs in Waldo County; and continued services and case management on Vinalhaven, where the Health Center and its dental clinic has been funded as a federally qualified health center.
- In Washington County, the Washington County Children's Program has further developed a dental case management component in its work with schools and in coordination among agency programs, and successfully supported a county-wide task force to coordinate community-based initiatives to increase access to dental care and in oral health promotion and education.
- In Pittsfield, the community hospital hired a dental hygienist to help integrate oral health promotion and education into its community education efforts, and implemented a classroom-based oral health education program in elementary schools in the local school administrative district. The current grant supports further development and institutionalization of these efforts.

Dental Services Subsidy Program: The private, nonprofit dental agencies participating in the Dental Services Subsidy Program provide clinical dental services to as many as 60,000 people or more throughout the State (this number cannot be definitively estimated). The Subsidy Program assists these agencies in providing services for about one-fifth or more of patients seen. It assists them in keeping their dental practices open to more people and accepting patients from wider geographic areas, of particular importance since dental clinics are not equally distributed throughout the State. The Subsidy Program helps these agencies to provide a full range of preventive and restorative

care, and to assure that there is a full representation of sliding-fee patients in their patient mix. Participating agencies have noted being able to treat patients who could not otherwise afford any dental care; being better able to meeting an increasing demand for services; and maintaining agency solvency. The Subsidy Program helps them to offset the deficit they experience from providing services to Maine Care patients, to lower income adults in particular and to those who qualify at the low ends of their sliding fee scales. Without this funding, sliding fee scales would be adjusted upward, making the fees much less affordable for low income patients, and resulting in more people delaying seeking care until their dental problems become more acute, and more expensive to treat.

In FY 2005, these agencies were partially reimbursed through the Subsidy Program for services provided to 12,782 patients, through which patients received over 22,976 dental services in 16,083 visits. Of these patient visits, about 6,187 (48%) were for MaineCare members who received dental services not covered by MaineCare (those who were covered by MaineCare for medical care services). Data indicate an average of 1.26 visits per patient, an average 1.8 services per patient, and an average subsidy of $49 per person. These are overall figures and vary by participating site. In FY 2005 (and 2006), a majority of these clinics provided services in excess of what the Subsidy Program could support. Based on their experience, an additional $113,558 would have fully funded the Subsidy Program (an increase of about 15%), but was not available within the program allocation.

Similar figures have been developed for **FY 06**, when the provider agencies were partially reimbursed for care provided to about 10,000 individual patients, who received services in 17,319 visits. The total number of services provided is estimated at 27,414.

Of these 17,319 visits, approximately 18% were for MaineCare members who received dental services not covered by MaineCare (those who were covered by MaineCare for medical care services).

Data indicate an average of 1.7 visits per patient and an average 1.6 services per patient.

The impact of the Subsidy Program for contracting agencies and their patients may be further described as follows:

- it helps participating programs to maintain fee scales at levels that are affordable to the patients they are committed to serve, especially at the low ends of sliding fee scales, and is described as "critical to our ability to provide care to the disproportionate numbers of patients without insurance who are served."
- it facilitates treatment of individuals who could not otherwise afford dental care.
- it provides assistance to dental clinics in providing non-covered services to MaineCare members, particularly those age 21 and older (MaineCare dental coverage for adults is limited).

Summary of Dental Services Subsidy Program, FY 2005

Patient data		Contract use	
Patients seen	12,782	Dollars available	$650,000
Services provided	22,976	Dollars encumbered	$650,000
Visits provided	16,083	Dollars utilized	$629,008
Services per patient	1.8	(underutilization due to gaps in projections)	
Visits per patient	1.26		
Subsidy per patient	$49.21	Percent utilized	96.8%
Subsidy per visit	$39.11	Net use over	$113,558
Subsidy per service	$27.38		

Note: Figures should be considered as estimates and are subject to rounding.

Family Planning Allocation

Family Planning Total ($0.41 million)

In order to lower teen pregnancy rates, tobacco settlement funds are used to promote community-based family planning outreach education through the Family Planning Association and six community agencies in 30 communities with high teen pregnancy rates. The priority population of the outreach education program is teens and their families. Both young men and young women are included in the program, as well as adults and community organizations that work with youth. In FY 06, the program worked with:

- **9,639 youth and 8,629 adults**
- 457 community organizations including 27 community coalitions and 100 businesses (Participant Survey results indicate that over 90% of participants increased their knowledge of family planning and STDs.)

As part of the evaluation of sustainable changes in communities during FY 05-06 was to look closer at the level of relationship family planning outreach educators develop with the community organizations, schools, and coalitions they work with. To this end, during FY 05, the Family Planning Outreach Educators:

- made new contacts with 155 agencies;
- maintained ongoing relationships with 130 agencies and schools;
- strengthened their relationships with 75 agencies and schools.

A community partnership on-line survey was conducted at the end of 2005 to assess the relationship with the Family Planning Outreach programs from the community agency perspective.

From that survey,

- 95% of respondents agree or strongly agree that their organizations believe that it is important to address the sexual health issues of their students/clients.
- 90% of respondents rely on their local Family Planning Outreach program for providing information on sexuality and related topics to their students or clients.

The 2005 Youth Risk Behavior Survey showed that:

- 55% of Maine high school students reported never having had sexual intercourse, an increase of nine percentage points since 1997.
- Fewer high school students reported having sexual intercourse in the past three months, and the percentage of twelfth graders reporting recent intercourse dropped from 55% in 2001 to 46% in 2005.
- 59% of students who had had recent sex used a condom during the last time, a large increase especially for young women.

Maine's teen pregnancy rates continue to decrease, to a new low of 17.1 per 1000 females ages 15-17 in 2004.

Office of Substance Abuse Allocation Overview

Substance Abuse Prevention and Treatment Service Providers Funded by the Fund for Healthy Maine in FY 2006

Annualized Award
Program Name
Town

$84,735
Acadia Healthcare Inc.
Brewer

$25,000
AdCare Educational Institute of Maine Inc.
Augusta

$7,300
Alternate Choices Counseling
Rockland

$1,500
Area IV Mental Health Coalition (Common Ties Mental Health)
Lewiston

$353,840
Aroostook Mental Health Services Inc.
Caribou

$351,179
Catholic Charities of Maine
Portland

$42,750
Child Health Center
Norway

$2,500
Co-Occurring Collaborative
Portland

$1,000
Community School
Camden

$120,700
Counseling Services, Inc.
Saco

$4,000
Crisis & Counseling Center, Inc.
Augusta

Annualized Award
Program Name
Town

$128,000
Crossroads for Women, Inc.
Portland

$1,000
Down East AIDS Network Inc.
Ellsworth

$25,000
DownEast Health Services Inc.
Ellsworth

$605,250
Drug Rehabilitation Inc. (Day One)
Cape Elizabeth

$43,340
Eastport Health Care Inc.
Eastport

$25,000
Families First Kennebec Can
Augusta

$51,000
HealthReach Network
Waterville

$31,705
Hornby Zellar Associates Inc.
Troy, NY

$3,000
Indian Township Tribal Government
Indian Township

$250
Kennebec Valley Community
Waterville

$250
Kids Consortium Inc.
Lewiston

Abuse Allocation Overview
Program Name
Town

$20,160
Kit Solutions Inc.
Pittsburg, PA

$67,902
Maine Association of Substance Abuse Programs (MASAP)
Augusta

$1,000
Maine Center on Deafness
Portland

$2,500
Maine Medical Center
Portland

$342,000
Maine Pretrial Services Inc.
Portland

$1,000
MaineGeneral Medical Center
Waterville

$1,250
Mayo Regional Hospital – Workwise
Dover-Foxcroft

$25,000
Medical Care Development
Augusta

$22,200
Mid Coast Hospital (Addition Resource Center)
Brunswick

$224,000
Milestone Foundation Inc.
Old Orchard Beach

Annualized Award
Program Name
Town

$1,000
New Beginnings Inc.
Lewiston

$8,500
New England Interactive Inc.
(INFOME)
Atlanta GA

$13,000
Open Door Recovery Center
Ellsworth

$801
Penobscot Bay Medical Center
Rockport

$23,000
Penquis Community Action
Program Inc.
Bangor

$37,500
Peoples Regional Opportunity
Program (PROP)
Portland

$475,000
Phoenix Houses of New England
Providence, RI

$3,000
City of Portland
Portland

$13,000
Portland Webworks Inc.
Portland

$18,500
Town of Raymond
Raymond

Annualized Award
Program Name
Town

$40,102
Regional Medical Center at Lubec
Lubec

$140,000
Results Marketing & Design LLC
(Ethos Marketing & Design)
Portland

$50,400
Richard B. Bell
Melrose, MA

$60,000
Serenity House Inc.
Portland

$108,152
Spectrum Health Systems Inc.
Worcester, MA

$30,000
Spring Harbor Hospital
South Portland

$112,000
Third Stage Software
Melrose, MA

$310,177
Tri-County Mental Health
Services
Lewiston

$79,092
University of Southern Maine
Portland

$20,000
Waldo County Preschool
& Family Services
Belfast

Abuse Allocation Overview
Program Name
Town

$903
Washington County Psychotherapy
Machias

$1,500
Waynflete School
Portland

$186,700
Wellspring Inc.
Bangor

$500
Westbrook Youth Center
(Mission Possible)
Westbrook

$87,640
York County Shelters Inc.
Alfred

$1,000
York Hospital
York

$6,000
Youth & Family Services Inc.
Skowhegan

$23,000
Youthlinks
Rockland

Maine Office of Substance Abuse Fund For A Healthy Maine Spending Plan SFY 06 Allocations

Medicaid Seed—Actual Payments	
Private Non-Medical Institutions	$1,169,227
Outpatient	$ 51,931
Subtotal Seed Payments	**$1,221,158**
Adult Drug Courts	$ 624,295
Juvenile Offenders	55,000
Adult Offenders	515,105
Prevention	527,842
Detox	306,667
Adolescent Community-Based Treatment	1,013,113
Residential Treatment	814,080
Outpatient Treatment	301,559
Dual Diagnosis	19,450
Development and Evaluation	303,667
Total	**$5,701,936**

Community Prevention Grants for Bonding Strategies and Environmental Strategies

The majority of substance abuse prevention and treatment funds come from federal sources with the federal Substance Abuse Prevention and Treatment block grant being the largest single source of funding and two other block grants, the Safe and Drug-Free Schools and the Enforcing Underage Drinking Laws block grants adding to prevention funding. State general funds were decreased by approximately $1 million between 2002 – 2005, but Medicaid funds for treatment increased. There are no State general funds earmarked for prevention programming.

The tobacco funds allocated to the Office of Substance Abuse were directed to addressing the issues raised in a 1998 report called Alcohol: The Largest Hidden Tax. This report outlined unmet needs totaling over $20 million dollars and the FHM allocation was earmarked to address the most pressing of those needs.

Consequently, the FHM funds were primarily directed toward treatment of the most underserved populations including adolescents, people involved in the criminal justice system and people with co-occurring mental illness. Additionally, about 20% of the funds were allocated to Medicaid seed in order to maximize access to federal funds for treatment.

In 2006, Maine provided treatment to 13,222 individuals, a 32% increase from 2000, before the FHM allocation. This includes 51 served in new adolescent residential treatment beds, 1,231 assessed and 129 treated through the adolescent treatment network, 290 treated through the juvenile and adult drug

courts, and 55 new admissions treated at the women's correctional facility all funded by the FHM. These admissions include a 45% increase in admissions of clients with co-occurring mental illness, and a 47% increase in criminal justice system referrals from 2000.

Seventeen contracts for community prevention programs were first awarded in January of 2001, following a competitive Request for Proposals process. The services provided under these contracts fell into two different categories: Bonding Strategies (i.e., parenting and/or mentoring programs) and Environmental Strategies (i.e., policy and enforcement-related strategies).

Starting in January, 2006, funding was provided for the Higher Education Alcohol Prevention Partnership (HEAPP). HEAPP aims to reduce high-risk alcohol use and its impact upon individuals, campuses, and communities. The work of HEAPP focuses on changing the legal, economic, and social factors in the campus and community environment that may encourage high-risk drinking. HEAPP is a comprehensive Statewide initiative that supports and builds capacity for prevention efforts on campuses, as well as working to change the State level environment through collaboration, proactive strategies, and public policy and media advocacy efforts. HEAPP strives to establish an environment that supports healthy norms, and to create a unified effort within Maine's higher education community. In addition to eight campus grants, HEAPP has supported most Maine colleges in their prevention efforts by providing information, materials, training, and technical assistance.

Parent Media Campaign — Second Phase: Find Out More, Do More

Based on the success of the first Parent Media Campaign — Your Teens and Alcohol, Do you Really Know? which began in July of 2002, an RFP was issued for a second campaign. Ethos Marketing of Portland was again awarded this contract. SFY 2006 was a building year for this campaign, to launch in the Fall of 2006. It builds on the first message which raised parents' awareness of their own teen's risk for alcohol use — now focusing on monitoring and modeling skills parents can use. The new campaign will ask parents to "Find Out More, Do More."

This campaign will again be a comprehensive project, including market research, evaluation, and supporting materials such as a re-designed MaineParents.net Web site and printed material to ensure effectiveness of the television advertisements.

Most parents believe they have the ability to influence their teen's choices about alcohol. However, many parents do not practice specific preventative behaviors considered most effective to prevent teens from drinking. And parents continue to underestimate the extent to which their teens might be drinking. This campaign will let parents know that there are specific things they can do to prevent teen drinking.

2006 Maine Youth Drug and Alcohol Survey Results

The Maine Youth Drug and Alcohol Use Survey is administered every other year.

Lifetime Alcohol Use, 1995 – 2006

Since 2000, substance abuse rates among 6-12th graders have declined gradually. Past-month alcohol use declined from 30.9% in 2000 to 29.0% in 2006 and past-month marijuana use declined from 15.6% to 14.1%. Lifetime use rates have dropped even more substantially with total lifetime use of alcohol among 6-12th graters declining from 56.9% in 2000 to 47.7% in 2006. The largest decreases occurred at the 8th and 9th grade levels, with the proportion of youth who have ever used alcohol (more than a few sips) dropping by approximately 13 percentage points. The MYDAUS is administered every two years.

Child Care Allocation

Child Care Allocation (Total = $5,129,794)

Funds were allocated by the Legislature for child care services to be provided to low-income parents who are either working or attending school or a training program. Allocations were for specific age groups or types of care. These categories are: school-age care, infant and toddler care, odd-hour care, services for families at risk, Head Start, programs for twelve- to fifteen-year-olds, Resource Development Centers, and funds to support quality improvements.

The funds allocated for infant and toddler care, school-age care, odd-hour care, services for at-risk families, and program quality improvements are allocated to the eleven child care voucher management agencies in the State. The following is a list of these agencies and the amount allocated for each program area in FY 06:

VMA	Quality Improvement	School Age	Infant-Toddler	At-Risk	Odd-hour
ACAP				$13,816	$39,517
Belfast		$33,917	$73,003	$13,177	$21,365
CFO		$43,526	$64,030	$13,816	$43,321
CCSYC	$37,727	$119,902	$165,434	$21,920	$149,396
CCI		$84,472	$140,962	$18,421	$176,287
Family Focus	$4,069	$28,084	$98,548	$13,792	$55,679
Penquis	$19,154	$61,684	$227,319	$13,816	$73,316
Penquis-Knox	$2,000		$16,652	$13,816	$24,848
SKCDC	$44,764	$55,025	$95,682	$13,816	$63,680
SMAAA	$42,935	$49,326	$245,856	$23,026	$182,369
WHCA	$25,051	$41,734	$142,150	$15,658	$30,287
Number of Children Served	N/A	251	420	79	247

Quality Improvement funding is paid through child care vouchers to providers who have Quality Certificates. To earn a Quality Certificate a provider must meet standards of quality above those required to be licensed by the State.

School-Age and Infant-Toddler funding was designated specifically for these populations due to the shortage of care for infants, toddlers, and school-age children.

At-Risk funding supports children in child care when families are in medical emergency and do not meet the guidelines to receive funding through the Child Care Development Fund.

Odd-Hour Care funding supports children who are in child care between the hours of 6 pm and 6 am or on the weekends when parents are working or in school. There has been a significant amount of research done in recent years in response to the dramatic growth in paid employment among mothers with young children and the corresponding need to expand and improve child care options for parents (Presser, 2003). A very small number of centers in Maine are open in the evenings and on weekends. As a way to encourage programs to remain open in the evening and on weekends, providers who care for children receive a differential in voucher payment for care provided during that time period.

Other programs supported by Fund for a Healthy Maine

Head Start

Funding from FHM is used to support full-day, full-year Head Start programs that include wraparound child care services for children. Families eligible for these programs must be below 100% of the poverty level. Head Start provides parent's access to high quality care for their children including comprehensive services; i.e., health screenings. The Fund For A Healthy Maine funds for Head Start services are allocated to twelve Head Start agencies in the State. The $1,321,407 is distributed among the agencies. The following is a list of these agencies and the number of children served with these funds:

Agency	Children Served
Androscoggin Head Start	14
Aroostook County Action Program	15
Child and Family Opportunities Inc.	7
Community Development Institute	14
Coastal Economic Development	0
Community Concepts Inc.	38
Kennebec Valley CAP	18
Penquis Head Start	51
People's Regional Opportunity Program	12
Southern Kennebec Child Dev. Corp.	10
Waldo County Head Start	12
York County Head Start	8
Total	**199**

Programs for 12- to 15-year-olds

The funds allocated for after-school programs for children ages twelve to fifteen are distributed to the seventeen agencies that applied for and were awarded funds through an RFP process. Agencies provide a range of after-school activities such as recreational, cultural, community service, art, and academic programs. The programs enhance the educational, social, cultural, emotional, and physical development of youth through developmentally appropriate activities. Services are provided throughout the school year and in the summer. The following is a list of those agencies, the amount of Fund For A Healthy Maine funds they are receiving and the number of program participants. Please note that the number of participants is an average weekly attendance number:

Agency	Amount	Average Weekly Attendance
Alfond Youth Center	$29,892	75
Auburn Department of Education	$36,551	123
Capital Kids/ Augusta	$40,551	98
Charlotte White Center- Life Jackets	$40,579	12
Child Health Center	$40,551	25
City of Gardiner Recreation Department	$38,419	280
A Company of Girls	$23,541	44
Houlton Band of Maliseets	$40,492	16
Midcoast Adult and Community Education	$39,783	102
New Strategies for Youth	$39,808	76
Penquis CAP	$40,772	8
Riverview Foundation	$40,468	33
Sweetser-Brunswick/Freeport	$39,790	20
Sweetser-Topsham/Bath	$39,806	20
Town of Millinocket	$40,459	44
Westbrook Youth Center	$39,788	154
York Hospital	$39,783	205
Total	**$651,033**	

As part of the contract with the department, agencies are required to submit success stories of children served by their program and how the children benefited from this service. The following is an excerpt from one of these stories:

Amanda came into our program presenting very dominating and bossy behaviors. She is seen by many of her peers as a class bully. Throughout the first few months she had power struggles with the participants and the leadership team. We worked on conflict resolution skills and trust with her. It seemed she didn't like being told what to do. Amanda started to trust and respect people in the group, which allowed her to put down her guard. Once we gained her trust Amanda started to improve. She would ask people to do a task and not tell them. She also held others accountable in a respectful manner. Amanda let the Life Jackets community see the sweet and nice side of her. Underneath the hardness was a young girl crying out for some positive attention. Amanda learned that negative attention wasn't the way to go at our meetings.

Resource Development Centers

Maine's network of 8 child care resource and referral agencies (Resource Development Centers) provide a range of services to parents, child care providers, and the community at large. They each maintain a database of available child care programs in their region and offer free referrals to parents looking for child care options. Over 6,700 Maine families received consumer education and referral services from their local agency in 2005. The Resource Development Centers also serve as the regional training sites for child care providers. They delivered 2,178 hours of Maine Roads to Quality Training to providers in 2005. This doesn't include the hours of elective training offered at each site individually. The following is a list of agencies holding contracts for the Resource Development Center in their region and the amount allocated to each from the Fund For A Healthy Maine:

Agency	Amount Allocated
Aroostook County Action Program	$16,676
Child and Family Opportunities Inc.	$16,473
Child Care Services of York County	$16,811
Coastal Economic Development	$16,978
Community Concepts Inc.	$21,998
Penquis Community Action Program	$20,845
Southern Kennebec Child Dev. Corp.	$20,869
Southern Maine Area Agency on Aging	$23,655
Total	**$154,305**

Bibliography

Presser, H. *Working in a 24/7 Economy: Challenges for American Families.* New York, NY: Russell Sage Foundation 2003.

Human Leukocyte Antigen Program

Since 1994, Maine Leukemia Foundation, with the help of numerous support groups across the State, has added approximately 14,000 donors to the National Registry. Adding new donors to this resource and resulting life saving transplants has been rewarding. However, volunteer donor numbers at recent drives have been smaller and it is evident that more effort should be applied for educational awareness about the donation process as well as increasing the number of actual testing clinics.

The number of donors tested in 2006 was down from the 2005 totals somewhat. A cursory review of records by calendar year exhibits totals as follows:

2006 tested	406 donors	$25,437.00 average cost	$62.65 per person
2005 tested	519 donors	$34,195.00 average cost	$65.88 per person
2004 tested	1224 donors	$54,645.00 average cost	$44.65 per person
2003 tested	589 donors	$42,600.00 average cost	$72.35 per person

Test costs and testing procedure have changed from the original blood test involving a single tube blood draw, to five drops of blood spotted on a filter card and currently to the easier Buccal swab kits used to collect cheek cells. Testing costs for each method has varied with each typing method, but overall costs have been reduced with the use of supplemental funds when available, such as the community matching funds from the NMDP and Department of the Navy. Matching funds are available for only a few months each year and are not guaranteed, nor are they specifically assigned to our State.

The Maine HLA fund has been a great relief to the testing process. In the last ten years of donor's drives, Maine donor's represents 15% of the 116,375 donors registered with the NMDP's New England Donor center. Amazingly, Maine has provided 26%, or 103/400 actual donors donating for a transplant patient. That's 103 Maine donors giving hope, life, and second chances to 103 patients in need of a matching stem cell donor.

Financial Authority of Maine (FAME)

Quality Child Care Education Scholarship

- Need-based scholarship to support childcare providers pursuing professional development at the post-secondary level.
- Applicants must either currently work as a childcare provider or express intent to become a childcare provider.
- Eligible recipients may receive up to $2,000 per award year.

Dental Education Loan Program

- The Maine Dental Education Loan and Loan Repayment Program provides forgivable loans for Maine residents who are pursuing a postgraduate education in dentistry, and loan repayment for dentists providing services to underserved populations in Maine.

Area Health Education Centers

- Health education centers establish funding for recruitment in Maine for students who attend medical school.

Partnership For A Tobacco-Free Maine

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

John Elias Baldacci., Governor
Brenda Harvey, Commissioner
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